Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

YES - NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

Jame

Landowner for place of use (if same as applicant, write "same")

A.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es owner(s):	YES of the	□ NO
	· · · · · · · · · · · · · · · · · · ·		
В.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:	□ YES	NO
order and m	fy that the information above is true and accurate to the best of my knowledge. I understant to process my application, I grant staff from the Department of Ecology access to the site for onitoring purposes. Even though I may have been assisted in the preparation of the above apployees of the Department of Ecology, all responsibility for the accuracy of the information	o <mark>r inspec</mark> applicat	ction ion by
Applies	ant (or authorized representative) Date 1-2-96		

Date

We are returning your application for the following	reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation: Please provide the additional information requested	ahove and return your	application by
Plance provide the additional information requested		

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

(360) 407-6006 (TDD).

APPLICATION

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or



10.00 Fee (NON Refuglance)

State of Washington Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

Fee Pa	aid/()	100
Dote	#3	986
Date_	6	20 11

Section	1. APPL	ICANT	- PERSO	N, ORGA	NIZATIO	EB 22 N, OR	WA	TER S	SYS'	FEM
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escription w 124 Saba Stimate a Che	of the place of E 193 maximum an eck if the warded:	of use. (Se	ty to be used	in acre-feet p	tax parcel n Ease wa er year:	umber of	a pla Lake	sa H	r is n	ot sufficient nd
	4. WAT		RCE]	f GROUND	WATER	\			
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: "unnamed spring"				. "	A permit is desired for well(s).					
Number o	of diversions:									
Source flows into (name of body of water): Lake Sutherland					Size & depth of well(s):					
LOCATI	ON 🗸	O Be E	Selels	nened	durin	e h	N	ser f	70V)
		and east-		ces in feet fro		11	4			
nearest st							If location of source is platted, comple			
nearest st			75 1	Range(E/W)	County	-			Jeiow:	Subdivision
4 of	1/4 of	Section	Township				Lot	Block		outh the second
	¼ of					1	Lot /2-/1	Block		Suodivision
	¹ / ₄ of	Section Z_1	30	8 W	Classan	^ (Lot 13-4			Suodivision

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APPLICATION

Appl. No.:

A.	Name of system, if named:
В.	Briefly describe your proposed water system. (See instructions.) Legal use of spring water already diverted to property.
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.
B.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	iplete C. and D. only if the proposed water system will have fifteen or more connections
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:
В.	List total number of acres for other specified agricultural uses:
	Use NA Acres
	Use Acres Use Acres Use Acres
G	
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no:
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking

APPLICATION